



Questions from Office of the Health Care Advocate

NCH Fiscal Year 2022 Budget

Reimbursement Ratio Relative to Standardized Medicare Reimbursement

	Ratio of Inpatient Reimbursement to Medicare Inpatient Reimbursement, Standardized by MS-DRG Relative Weights	Ratio of Outpatient Reimbursement to Medicare Outpatient Reimbursement, Standardized by APC relative Weights
Medicare	1.00	1.00
Medicaid	.12	.83
Commercial	1.23	2.62

Note: We do not have reimbursement percentages adjusted as stated above. The ratios presented are based on unadjusted numbers.

	Ratio of Inpatient Reimbursement to Medicare Inpatient Reimbursement, Standardized by MS-DRG Relative Weights	Ratio of Outpatient Reimbursement to Medicare Outpatient Reimbursement, Standardized by APC relative Weights
BCBSVT/TVHP	1.77	2.57
MVP of VT	1.28	1.79
Cigna	1.77	2.29

Note: Same as above

2. Hospital Financial Assistance and Bad Debt during COVID-19

- a.
 - i. As of May 1, 2021 our patient financial policies and procedures have returned to normal.
 - ii. Fewer accounts were sent to collections from April 2020 to May of 2021.
- b. We do work with collection agencies.
 - i. We do not sell patient debt to collection agencies. Collection agency reaches out to patients that are sent to them for 120 days . They either collect , set up a payment plan, or send the account back as uncollectable.
 - ii. Has not happened.
 - iii. # of patient bills:
 - Q4 FY 2019 –0
 - Q1 – Q3 FY 2021 –143
 - Q4 FY 2020 – 88
 - Q1 - Q3 FY 2021- 144
 - iv.\$'s of patient bills sent:
 - Q4 FY 2019 –0
 - Q1 – Q3 FY 2021 –290,3713
 - Q4 FY 2020 – 204,221
 - Q1 - Q3 FY 2021- 446,988

3. Medicaid Screening Process

a. Emergency Medicaid

- i. We do not have a written policy.
- ii. 1 screened / 1 received
- iii. same patient as above
- iv. Not available, we currently use Bridges to Health through the UVM extension service

b. Deemed newborns

- i. We do not have a written policy
- ii. There were no newborns screened without an application.

4.

a. We have a translation service available for any patient who needs it.

b. and d. In regards to access to care, care efficacy, and satisfaction we do not treat BIPOC patients or patients who are not US citizens differently than are other patients. They receive the same surveys for patient satisfaction and we treat everyone who needs care. We have translation services available. We also work with any of our patients with additional needs using our case managers and care coordinators. We have a staff of Navigators who work with all our patients who need assistance with applying for Medicaid or needing help with finding funding sources for insured.

c. North Country Hospital serves patients in one of the most rural areas of our state, with many patients and staff having limited or no access to broadband and/or cellular services. In order to address this, NCH, submitted an application for a telehealth and distance learning grant (RUS DLT) in conjunction with seven community partners that is aimed at improving community-wide access to remote services through a variety of avenues. The application was approved in February, 2021, granting the area \$1.149 million dollars in funding to help build the infrastructure needed to enhance connectivity to healthcare services for our patients. Built into this grant area were the purchase and installation of cellular boosters to enhance cell signals in patients' homes, as well as remote patient monitoring devices that can track vital patient information and report the information to their provider. These monitoring devices do not require constant internet or cellular connectivity, as they will transmit the information as soon as they are within cell range.